

MEDICATION ADMINISTRATION RECORD

STD01

MEDICATIONS		HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	
matrin 600mg	P																															
po BID x 30d prn	R																															
5-25-04 → 6-25-04	N																															
Doxepin 150mg eHS	2100																															
X 90d																																
5-27-04	8-27-04																															
Lithium 300mg po	0900																															
BID x 90d																																
5-27-04	8-27-04	2100																														
Mellinil 50mg QAM	0900																															
3 QHS x 90d																																
5/27/04	8/27/04	2100																														
Librium 75mg po	1405																															
NOW																																
5-27-04																																
Librium 50mg BID	0900																															
X 3d																																
5-27-04	5-30-04	2100																														
Librium 25mg po	0900																															
BID x 3day																																
5-27-04	6-1-04	2100																														
Librium 10mg BID																																
X 3day then OC																																
5-27-04	6/4/04																															
			Stand June 2nd see new MAR																													

MEDICATIONS		HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
CHARTING FOR			NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE																												
Physician			THROUGH																												
Alt. Physician																															
Allergies			NKDA																												
Diagnosis																															
Medicaid Number			Medicare Number																												
Complete Entries Checked																															
By			J. Hardy																												
Title			JPH																												
PATIENT			Inman, John																												
Telephone No.																															
Alt. Telephone																															
Medical Record No.			23486																												
Rehabilitative Potential																															
Date			5-25-04																												
PATIENT CODE			ROOM NO.																												
BED			FACILITY																												

John Enman

Note to Provider of Services

- Medicare/Medicaid do not cover any health services provided to an inmate in custody, except in certain circumstances not applicable to this inmate.
- Authorization is diagnosis and procedure specific. Any additional tests, procedures, and inpatient or outpatient services must receive prior authorization to ensure benefit eligibility and payment. (Use above contact name and telephone number)
- Authorization for payment of service is guaranteed only if service is provided during the actual time of confinement to the referring correctional facility.
- HIPAA: Please be advised Prison Health Services, Inc. ("PHS") is not a covered entity under HIPAA's Rule on the Privacy of Individually Identifiable Health Information Standard ("Privacy Rule"). Because PHS does not engage in electronic transactions under HIPAA's Electronic Transactions and Code Set Standards ("Transaction Standards"), HIPAA's Privacy Rule does not apply to PHS.
- Payment will not be processed until we receive a clinical summary

For Payment Please Submit Claims To:

Prison Health Services
P.O. Box 967
Brentwood, TN 37024-0967

**The consulting physician should complete this section.
The completed form will be sealed in the attached envelope and
returned with an officer to the correctional facility.**

Clinical Summary or Attached Report

*The @ index for 177 + pain still has number
exp of 15 - 20 yrs @ Dir. + sum to p...*

*A Exercise to repair new matter
M. J.*

***** For security and safety, please do not inform patient of possible follow-up appointments. *****

Signature of Consulting Physician:

[Signature]

Date

Time

Reviewed and Signed By

Medical Director:

Date

Time

*DMK
12/29/04*

05/20/2004

DEMOGRAPHICS

Site Name & Number:

Station 843

Site Phone #

(334) 567 - 1548

Site Fax #

(334) 567 - 1538

Int Name: (Last, First)

Inman, John

Alias: (Last, First)

Inmate #

239821

SS Number

Date: (mm/dd/yy)

Date of Birth: (mm/dd/yy)

PHS Custody Date: (mm/dd/yy)

Potential Release Date: (mm/dd/yy)

Will there be a charge?

☒ Yes ☐ No

Sex

☒ Male ☐ Female

Responsible party:

☒ PHS

☐ Auto Ins.

☐ Health Ins. (Excludes Medicare/Medicaid Managed Care alternative plans)

☐ Other, be specific (Excludes Medicare and Medicaid):

CLINICAL DATA

Requesting Provider:

☐ Physician

☒ NP, PA

☐ Dental

Shane Turner

Facility Medical Director Signature and Date:

☐ Service meets criteria for "approval via protocol"

Place a check mark (✓) in the Service Type requested (one only) and complete additional applicable fields.

☒ Office Visit (OV)

☐ X-ray (XR)

☐ Scheduled Admission (SA)

☐ Outpatient Surgery (OS)

☐ Dialysis (DA)

☒ Routine

☐ Urgent

Estimated Date of Service (mm/dd/yy)

12/15/04

(This starts the approval window for the "open authorization period")

Multiple Visits/Treatments:

☐ Radiation therapy

☐ Chemotherapy

Number of Visits/Treatments:

☐ Other:

Specialist referred to:

Chen

Type of Consultation, Treatment, Procedure or Surgery:

Fix Tuf & tendon damage

12/29/04 Take Xray

You must include copies of pertinent reports such as lab results, x-ray interpretations and specialty consult reports with this form.

☐ Pertinent Documents have been attached and faxed.

History of illness/injury/symptoms with Date of Onset:

Tuft of (L) index finger 2^o
MVA

Results of a complaint directed physical examination:

Previous treatment and response (including medications):

Seen by Dr. Chen

For security and safety, please do not inform patient of possible follow-up appointments

UM DETERMINATION:

☐ Alternative Treatment Plan (explain here):

☐ More Information Requested: (See Attached)

☐ Resubmitted with requested information.

☐ Offsite Service Recommended and Authorized

Date resubmitted:

Regional Medical Director Signature, printed name and date required:

Do not write below this line. For Case Manager and Corporate Data Entry ONLY.

Cert Type:

Med Class:

UR Auth #:

14308224



PRISON
HEALTH
SERVICES
INCORPORATED

Dr. Chang

PROGRESS NOTES

Date/Time	Inmate's Name: Inman, John #234821 D.O.B.: [REDACTED]
11/15/04	<p>EC eye @ - head back accident 3 wks ago in bus. Ht had a car on the side @ under eye. wet through window. Pen @ Brighter Dist. School - stitches removed 11-12-04. Still has some swelling and pain. Exam: healed laceration over double for crease on upper eye. DIP - 0 - 20' from PM 8' - 40' "PR 0 - 70" pen & but present to pinpoint @ ^{upper} side of eye OK to pin @ radial side autologous corneal DP [unclear] man pr</p> <p>Xm - Tuff pt of double phleboma @ under eye</p> <p>Ly - Tuff pt of double phleboma @ under eye partial ^{upper} double crease drying.</p> <p>Pl - Range of motion exercises to 4 months. He is 7 months for pen</p> <p>Te Chang</p> <p>Assister CRNP 11-15-04 @ 1240 - RTC Decades</p>

DEMOGRAPHICS

Site Name & Number:

Station 843

Site Phone #

(334) 567 - 1548

Site Fax #

(334) 567 - 1538

Will there be a charge?

☒ Yes ☐ No

Sex

☒ Male ☐ Female

Last Name: (Last, First)

Inman, John

Alias: (Last, First)

234821

Inmate #

234821

SS Number

[REDACTED]

Date: (mm/dd/yy)

11.01.09

Date of Birth: (mm/dd/yy)

[REDACTED]

PHS Custody Date: (mm/dd/yy)

05.03.04

Potential Release Date: (mm/dd/yy)

08.06.05

Responsible party:

☒ PHS☐ Auto Ins.☐ Health Ins. (Excludes Medicare/Medicaid Managed Care alternative plans)☐ Other, be specific (Excludes Medicare and Medicaid):

CLINICAL DATA

Requesting Provider:

☐ Physician☒ NP, PA☐ Dental

[Signature]

Facility Medical Director Signature and Date:

[REDACTED]

☐ Service meets criteria for "approval via protocol"

Place a check mark (✓) in the Service Type requested (one only) and complete additional applicable fields.

☒ Office Visit (OV)☐ X-ray (XR)☐ Scheduled Admission (SA)☐ Outpatient Surgery (OS)☐ Dialysis (DA)☐ Routine

ASAP

☒ Urgent

Estimated Date of Service (mm/dd/yy)

11/15/04

(This starts the approval window for the "open authorization period")

Multiple Visits/Treatments:

☐ Radiation therapy☐ Chemotherapy

Number of Visits/Treatments: 2

☐ Other:

Specialist referred to:

Dr. Chang

Type of Consultation, Treatment, Procedure or Surgery:

Toft, 7x - Ortho Consult
11/15/04 @ 10:30 AM

You must include copies of pertinent reports such as lab results, x-ray interpretations and specialty consult reports with this form.

☐ Pertinent Documents have been attached and faxed.

History of Illness/injury/symptoms with Date of Onset:

IN MVA 10/28/04

Results of a complaint directed physical examination:

ER Visit & X RAYS
Shows Toft 7x Left Finger
Pointer

Previous treatment and response (including medications):

FAXED
11/15/04

For security and safety, please do not inform patient of possible follow-up appointments

UM DETERMINATION:

☐ Alternative Treatment Plan (explain here):☐ More Information Requested: (See Attached)☐ Resubmitted with requested information.☐ Offsite Service Recommended and Authorized

Date resubmitted:

11/15/04

Regional Medical Director Signature,
printed name and date required:

Do not write below this line. For Case Manager and Corporate Data Entry ONLY.

Cert Type:

Med Class:

UR Auth #:

v/o OK
E. Ellis, MD



LabCorp Montgomery Hull
543 Hull Street, Montgomery, AL 36104-0000

Phone: 334-263-5745



SPECIMEN 132-684-3167-0	TYPE S	PRIMARY LAB YX	REPORT STATUS COMPLETE	Page #: 1
ADDITIONAL INFORMATION				
FLYC		FASTING: Y DOB: [REDACTED]		
PATIENT NAME INMAN, JOHN		SEX M	AGE(YR/MOS) 50 / 8	
PT. ADD.:				
DATE OF SPECIMEN 5/12/2005	TIME 10:39	DATE RECEIVED 5/12/2005	DATE REPORTED 5/12/2005	TIME 23:35
7876				

CLINICAL INFORMATION CD- 41147605949	
PHYSICIAN ID. WILLIAMS W	PATIENT ID. 234821
ACCOUNT: Staton Correctional Facility Prison Health Services PO BOX 56 Elmore AL 36025-0000	
ACCOUNT NUMBER: 01308900	

TEST	RESULT	LIMITS	LAB
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CMP14+LP+5AC

Chemistries

Glucose, Serum	72	mg/dL	65 - 99	YX
Uric Acid, Serum	6.1	mg/dL	2.4 - 8.2	YX
BUN	11	mg/dL	5 - 26	YX
Creatinine, Serum	0.9	mg/dL	0.5 - 1.5	YX
BUN/Creatinine Ratio	12		8 - 27	
Sodium, Serum	139	mmol/L	135 - 148	YX
Potassium, Serum	4.6	mmol/L	3.5 - 5.5	YX
Chloride, Serum	103	mmol/L	96 - 109	YX
Carbon Dioxide, Total	23	mmol/L	20 - 32	YX
Calcium, Serum	9.4	mg/dL	8.5 - 10.6	YX
Phosphorus, Serum	3.5	mg/dL	2.5 - 4.5	YX
Protein, Total, Serum	7.6	g/dL	6.0 - 8.5	YX
Albumin, Serum	4.2	g/dL	3.5 - 5.5	YX
Globulin, Total	3.4	g/dL	1.5 - 4.5	
A/G Ratio	1.2		1.1 - 2.5	
Bilirubin, Total	0.4	mg/dL	0.1 - 1.2	YX
Alkaline Phosphatase, Serum	128	IU/L	25 - 150	YX
LDH	177	IU/L	100 - 250	YX
> AST (SGOT)	109 H	IU/L	0 - 40	YX
> ALT (SGPT)	231 H	IU/L	0 - 40	YX
> GGT	80 H	IU/L	0 - 65	YX
Iron, Serum	137	ug/dL	40 - 155	YX

Lipids

Cholesterol, Total	184	mg/dL	100 - 199	YX
> Triglycerides	267 H	mg/dL	0 - 149	YX
HDL Cholesterol	41	mg/dL	40 - 59	YX
> VLDL Cholesterol Cal	53 H	mg/dL	5 - 40	
LDL Cholesterol Calc	90	mg/dL	0 - 99	
T. Chol/HDL Ratio	4.5	ratio units	0.0 - 5.0	
Estimated CHD Risk	0.8	times avg.	0.0 - 1.0	

T. Chol/HDL Ratio

	Men	Women
1/2 Avg. Risk	3.4	3.3
Avg. Risk	5.0	4.4
2X Avg. Risk	9.6	7.1
3X Avg. Risk	23.4	11.0

Pat Name: INMAN, JOHN

Pat ID: 234821

Spec #: 132-684-3167-0

Seq #: 7876

Results are Flagged in Accordance with Age-Dependent Reference Ranges

Continued on Next Page



LabCorp Montgomery Hull
543 Hull Street, Montgomery, AL 36104-0000

Phone: 334-263-5745



SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	Page #:
132-684-3167-0	S	YX	COMPLETE	2

ADDITIONAL INFORMATION

FLYC	FASTING: Y	DOB: [REDACTED]			
PATIENT NAME	SEX	AGE(YR/MOS)			
INMAN,JOHN	M	50 / 8			
PT ADD:					
DATE OF SPECIMEN	TIME	DATE RECEIVED	DATE REPORTED	TIME	
5/12/2005	10:39	5/12/2005	5/12/2005	23:35	7876

CLINICAL INFORMATION

CD- 41147605949

PHYSICIAN ID.	PATIENT ID
WILLIAMS W	234821
ACCOUNT: Staton Correctional Facility Prison Health Services PO BOX 56 Elmore AL 36025-0000	
ACCOUNT NUMBER: 01308900	

IESI	RESULT	LIMITS	LAB
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The CHD Risk is based on the T. Chol/HDL ratio. Other factors affect CHD Risk such as hypertension, smoking, diabetes, severe obesity, and family history of pre-mature CHD.

LAB: YX LabCorp Montgomery Hull DIRECTOR: Alton Sturtevant B PhD
543 Hull Street, Montgomery, AL 36104-0000

Pat Name: INMAN,JOHN Pat ID: 234821 Spec #: 132-684-3167-0 Seq #: 7876

Results are Flagged in Accordance with Age Dependent Reference Ranges

Last Page of Report

HEALTHCARE CORRECTIONS
RADIOLOGY SERVICES REQUEST AND REPORT

Date of request

DOB

Race

Sex

INSTITUTION: FL4C

NOTE: PERTINENT CLINICAL INFORMATION AND TENTATIVE DIAGNOSIS MUST BE PROVIDED FOR X-RAY EXAMINATION TO BE PERFORMED

Requesting Physician/PANP <u>Williams</u>	Date of request <u>12/29/04</u>	Time of request <u>0700</u>	Routine	Priority	Transportation or special needs
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HISTORY/DIAGNOSIS:

"Hx of Fracture @ index finger"

X-RAY REQUEST

ABDOMEN/CT	FINGERS	NAVICULAR VIEW	SOFT TISSUE STUDIES
ACROMIO-CLAVICULAR JOINTS (W/O WEIGHT)	FOOT	ORBITS	STERNUM
ANKLE	<input checked="" type="checkbox"/> HAND <u>(L)</u>	OS CALCI (HEEL)	TEMPORO-MANDIBULAR JOINTS
CERVICAL SPINE	HIP	PELVIS	THORACIC SPINE
CHEST PA / LATERAL	HUMERUS	RADIUS/ULNA	TIBIA/FIBULA
COCCYX	SPINE	PRO	TOE
CONE DOWN SELLA TURCICA	LUMBAR SPINE	SACRO-ILIAC JOINTS	WRIST
ELBOW	MANDIBLE	SCAPULA	ZYGOMA
FACIAL BONES	MAXILLA	SHOULDER	ZYGOMATIC ARCH
FEMUR	NASAL BONES	SKULL	

REPORT

~~XXXXXX~~ Inman

LEFT HAND: There is a nondisplaced fracture of the distal phalanx, 2nd digit.

IMPRESSION: APPARENT FRACTURE OF THE DISTAL PHALANX, 2ND DIGIT, EXACT AGE IS UNCERTAIN.

D & T: 12-30-04 Maurice H. Rowell/rr Board Certified Radiologist (Signature on File)

X-RAY TECHNOLOGIST'S NAME (PRINT)

X-RAY TECHNOLOGIST'S SIGNATURE

DATE, TIME EXAM PERFORMED

RADIOLOGIST'S NAME (PRINT)

RADIOLOGIST'S SIGNATURE

DATE SIGNED



LabCorp Montgomery Hull
543 Hull Street, Montgomery AL 36104-0000



Phone: 334-263-5745

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	Page #:
018-684-3254-0	S	YX	COMPLETE	1

ADDITIONAL INFORMATION

FYLC

FASTING: Y
DOB: [REDACTED]

CLINICAL INFORMATION

CD- 41147604655

PATIENT NAME: INMAN, JOHN
SEX: M
AGE(YR/MOS): 50 / 5
PT ADD:

PHYSICIAN ID: WILLIAMS W
PATIENT ID: 234821

ACCOUNT: STATON CORRECTIONAL FACILITY
PRISON HEALTH SERVICES
2690 Marion Spillway Road
Elmore AL 36205-0000

DATE OF SPECIMEN	TIME	DATE RECEIVED	DATE REPORTED	TIME
1/18/2005	8:00	1/18/2005	1/18/2005	23:35 5588

ACCOUNT NUMBER: 01308900

IESI	RESULT	LIMITS	LAB
BMP without BUN/Cr			
Glucose, Serum	79 mg/dL	65 - 99	YX
Specimen was lipemic. This may adversely affect results.			
BUN	10 mg/dL	5 - 26	YX
Creatinine, Serum	0.8 mg/dL	0.5 - 1.5	YX
Sodium, Serum	140 mmol/L	135 - 148	YX
Potassium, Serum	4.1 mmol/L	3.5 - 5.5	YX
Chloride, Serum	105 mmol/L	96 - 109	YX
Carbon Dioxide, Total	27 mmol/L	20 - 32	YX

LAB: YX LabCorp Montgomery Hull
543 Hull Street, Montgomery, AL 36104-0000

DIRECTOR: Alton Sturtevant B PhD

Handwritten signature: Williams W 1/19/05

Pat Name: INMAN, JOHN

Pat ID: 234821

Spec #: 018-684-3254-0

Seq #: 5588

Results are Flagged in Accordance with Age Dependent Reference Ranges

Last Page of Report



LabCorp Montgomery Hull
543 Hull Street, Montgomery, AL 36104-0000



Phone: 334-263-5745

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	Page #:
010-684-3337-0	--S	YX	COMPLETE	1

ADDITIONAL INFORMATION

FYLC
FASTING: Y
DOB: [REDACTED]

PATIENT NAME	SEX	AGE(YR/MOS)
INMAN, JOHN	M	50 / 4

PT. ADD:

CLINICAL INFORMATION

CD-41147604548

PHYSICIAN ID	PATIENT ID
WILLIAMS W	234821

ACCOUNT: STATON CORRECTIONAL FACILITY
PRISON HEALTH SERVICES
2690 Marion Spillway Road
Elmore AL 36205-0000

ACCOUNT NUMBER: 01308900

DATE OF SPECIMEN	TIME	DATE RECEIVED	DATE REPORTED	TIME	
1/10/2005	8:00	1/10/2005	1/12/2005	18:11	5474

TEST

RESULT

LIMITS

LAB

CMP12+LP+TP+TSH+6AC+CBC/D/Plt

Chemistries

TEST	RESULT	LIMITS	LAB
Glucose, Serum	78 mg/dL	65 - 99	YX
Uric Acid, Serum	6.4 mg/dL	2.4 - 8.2	YX
BUN	11 mg/dL	5 - 26	YX
Creatinine, Serum	0.8 mg/dL	0.5 - 1.5	YX
BUN/Creatinine Ratio	14	8 - 27	
Sodium, Serum	137 mmol/L	135 - 148	YX
Potassium, Serum	4.6 mmol/L	3.5 - 5.5	YX
Chloride, Serum	104 mmol/L	96 - 109	YX
Calcium, Serum	9.3 mg/dL	8.5 - 10.6	YX
Phosphorus, Serum	2.7 mg/dL	2.5 - 4.5	YX
Protein, Total, Serum	7.3 g/dL	6.0 - 8.5	YX
Albumin, Serum	4.1 g/dL	3.5 - 5.5	YX
Globulin, Total	3.2 g/dL	1.5 - 4.5	
A/G Ratio	1.3	1.1 - 2.5	
Bilirubin, Total	0.5 mg/dL	0.1 - 1.2	YX
Alkaline Phosphatase, Serum	96 IU/L	25 - 150	YX
LDH	201 IU/L	100 - 250	YX

>	AST (SGOT)	91 H	IU/L	0 - 40	YX
>	ALT (SGPT)	177 H	IU/L	0 - 40	YX
>	GGT	73 H	IU/L	0 - 65	YX
>	Iron, Serum	212 H	ug/dL	40 - 155	YX

Lipids

>	Cholesterol, Total	167	mg/dL	100 - 199	YX
>	Triglycerides	284 H	mg/dL	0 - 149	YX
>	HDL Cholesterol	37 L	mg/dL	40 - 59	YX
>	VLDL Cholesterol Cal	57 H	mg/dL	5 - 40	
	LDL Cholesterol Calc	73	mg/dL	0 - 99	
	T. Chol/HDL Ratio	4.5	ratio units	0.0 - 5.0	
	Estimated CHD Risk	0.8	times avg.	0.0 - 1.0	

T. Chol/HDL Ratio

	Men	Women
1/2 Avg. Risk	3.4	3.3
Avg. Risk	5.0	4.4
2X Avg. Risk	9.6	7.1
3X Avg. Risk	23.4	11.0

The CHD Risk is based on the T. Chol/HDL ratio. Other

Pat Name: INMAN, JOHN

Pat ID: 234821

Spec #: 010-684-3337-0

Seq #: 5474

Results are Flagged in Accordance with Age-Dependent Reference Ranges

Continued on Next Page



LabCorp Montgomery Hull
543 Hull Street, Montgomery, AL 36104-0000

Phone: 334-263-5745



Laboratory Corporation of America

SPECIMEN 010-684-3337-0 TYPE S PRIMARY LAB YX REPORT STATUS COMPLETE Page #: 2

ADDITIONAL INFORMATION

FYLC

FASTING: Y
DOB [REDACTED]

CLINICAL INFORMATION

CD- 41147604548

PATIENT NAME INMAN, JOHN SEX M AGE(YR/MOS) 50 / 4
PT ADD: [REDACTED]

PHYSICIAN ID WILLIAMS W PATIENT ID 234821

ACCOUNT: STATON CORRECTIONAL FACILITY
PRISON HEALTH SERVICES
2690 Marion Spillway Road
Elmore AL 36205-0000

DATE OF SPECIMEN 1/10/2005 TIME 8:00 DATE RECEIVED 1/10/2005 DATE REPORTED 1/12/2005 TIME 18:11 5474

ACCOUNT NUMBER: 01308900

TEST RESULT LIMITS LAB

factors affect CHD Risk such as hypertension, smoking, diabetes, severe obesity, and family history of pre-mature CHD.

Thyroid

TEST	RESULT	LIMITS	LAB
TSH	0.998 uIU/mL	0.350 - 5.500	YX
Thyroxine (T4)	11.0 ug/dL	4.5 - 12.0	YX
T3 Uptake	22 L %	24 - 39	MB
Free Thyroxine Index	2.4	1.2 - 4.9	MB

CBC, Platelet Ct, and Diff

TEST	RESULT	LIMITS	LAB
White Blood Cell (WBC) Count	8.3 x10E3/uL	4.0 - 10.5	YX
Red Blood Cell (RBC) Count	4.84 x10E6/uL	4.10 - 5.60	YX
Hemoglobin	15.3 g/dL	12.5 - 17.0	YX
Hematocrit	45.3 %	36.0 - 50.0	YX
MCV	94 fL	80 - 98	YX
MCH	31.6 pg	27.0 - 34.0	YX
MCHC	33.8 g/dL	32.0 - 36.0	YX
RDW	13.7 %	11.7 - 15.0	YX
Platelets	145 x10E3/uL	140 - 415	YX
Neutrophils	47 %	40 - 74	YX
Lymphs	39 %	14 - 46	YX

TEST	RESULT	LIMITS	LAB
Monocytes	10 %	4 - 13	YX
Eos	3 %	0 - 7	YX
Basos	1 %	0 - 3	YX
Neutrophils (Absolute)	3.9 x10E3/uL	1.8 - 7.8	YX
Lymphs (Absolute)	3.2 x10E3/uL	0.7 - 4.5	YX
Monocytes (Absolute)	0.8 x10E3/uL	0.1 - 1.0	YX
Eos (Absolute)	0.2 x10E3/uL	0.0 - 0.4	YX
Baso (Absolute)	0.1 x10E3/uL	0.0 - 0.2	YX

Hepatitis, Diagnostic (Prof I)

TEST	RESULT	LIMITS	LAB
Hep A Ab, IgM	Negative	Negative	MB
HBsAg Screen	Negative	Negative	MB
Hep B Core Ab, IgM	Negative	Negative	MB
Hep C Virus Ab	Repeatedly Positive	Negative	MB

LAB: MB LabCorp Birmingham

DIRECTOR: John Elgin N MD

1801 First Avenue South, Birmingham, AL 35233-0000

Pat Name: INMAN, JOHN

Pat ID: 234821

Spec #: 010-684-3337-0

Seq #: 5474

Results are Flagged in Accordance with Age-Dependent Reference Ranges

Continued on Next Page

1/13/05



LabCorp Montgomery Hull
543 Hull Street, Montgomery, AL 36104-0000



Phone: 334-263-5745

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	Page #:
010-684-3337-0	S	YX	COMPLETE	3

ADDITIONAL INFORMATION

FYLC

FASTING: Y
DOB: [REDACTED]

CLINICAL INFORMATION

CD- 41147604548

PATIENT NAME
INMAN, JOHN
SEX
M
AGE(YR / MOS)
50 / 4
PT. ADD.:

PHYSICIAN ID
WILLIAMS W
PATIENT ID
234821

ACCOUNT: STATON CORRECTIONAL FACILITY
PRISON HEALTH SERVICES
2690 Marion Spillway Road
Elmore AL 36205-0000

DATE OF SPECIMEN	TIME	DATE RECEIVED	DATE REPORTED	TIME	
1/10/2005	8:00	1/10/2005	1/12/2005	18:11	5474

ACCOUNT NUMBER: 01308900

TEST	RESULT	LIMITS	LAB
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LAB: YX LabCorp Montgomery Hull
543 Hull Street, Montgomery, AL 36104-0000

DIRECTOR: Alton Sturtevant B PhD

1/12/05 (2)

Pat Name: INMAN, JOHN

Pat ID: 234821

Spec #: 010-684-3337-0

Seq #: 5474

Results are Flagged in Accordance with Age Dependent Reference Ranges

Last Page of Report



Laboratory Corporation of America

SPECIMEN 159-205-5001-0	TYPE S	PRIMARY LAB MB	REPORT STATUS COMPLETE	Page #: 1
ADDITIONAL INFORMATION				
OPC		FASTING: N DOB: [REDACTED]		
PATIENT NAME INMAN, JOHN		SEX M	AGE(YR/MOS) 45 / 9	
PT. ADD.:				
DATE OF SPECIMEN 6/07/2004	TIME 8:36	DATE RECEIVED 6/07/2004	DATE REPORTED 6/08/2004	TIME 12:09
4151				

CLINICAL INFORMATION CD- 95202804976	
PHYSICIAN ID. ROBBINS M	PATIENT ID. 234821
ACCOUNT: KILBY CORRECTIONAL FACILITY PRISON HEALTH SERVICES 12201 Wares Ferry Road Mt Meigs AL 36507-0000	
ACCOUNT NUMBER: 01306900	

TEST	RESULT	LIMITS	LAB
------	--------	--------	-----

CMP14+LP+5AC

Chemistries

MB

>	Glucose, Serum	159 H	mg/dL	65 - 99	MB
>	Uric Acid, Serum	9.9 H	mg/dL	2.4 - 8.2	MB
	BUN	10	mg/dL	5 - 26	MB
	Creatinine, Serum	1.1	mg/dL	0.5 - 1.5	MB
	BUN/Creatinine Ratio	9		8 - 27	
	Sodium, Serum	139	mmol/L	135 - 148	MB
	Potassium, Serum	3.5	mmol/L	3.5 - 5.5	MB
	Chloride, Serum	101	mmol/L	96 - 109	MB
	Carbon Dioxide, Total	25	mmol/L	20 - 32	MB
	Calcium, Serum	9.8	mg/dL	8.5 - 10.6	MB
	Phosphorus, Serum	3.0	mg/dL	2.5 - 4.5	MB
	Protein, Total, Serum	7.3	g/dL	6.0 - 8.5	MB
	Albumin, Serum	3.9	g/dL	3.5 - 5.5	MB
	Globulin, Total	3.4	g/dL	1.5 - 4.5	
	A/G Ratio	1.1		1.1 - 2.5	
	Bilirubin, Total	0.2	mg/dL	0.1 - 1.2	MB
	Alkaline Phosphatase, Serum	97	IU/L	25 - 150	MB
	LDH	188	IU/L	100 - 250	MB
>	AST (SGOT)	56 H	IU/L	0 - 40	MB
>	ALT (SGPT)	89 H	IU/L	0 - 40	MB
>	GGT	79 H	IU/L	0 - 65	MB
	Iron, Serum	121	ug/dL	40 - 155	MB

Lipids

	Cholesterol, Total	184	mg/dL	100 - 199	MB
>	Triglycerides	174 H	mg/dL	0 - 149	MB
	HDL Cholesterol	57	mg/dL	40 - 59	MB
	VLDL Cholesterol Calc	35	mg/dL	5 - 40	
	LDL Cholesterol Calc	92	mg/dL	0 - 99	
	T. Chol/HDL Ratio	3.2	ratio units	0.0 - 5.0	
	Estimated CHD Risk	< 0.5	times avg.	0.0 - 1.0	

T. Chol/HDL Ratio

Men Women

1/2 Avg. Risk 3.4 3.3

Avg. Risk 5.0 4.4

2X Avg. Risk 9.6 7.1

3X Avg. Risk 23.4 11.0

Results are Flagged in Accordance with Age Dependent Reference Ranges

Continued on Next Page

**Laboratory Corporation of America**

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	Page #:
159-205-5001-0	S	MB	COMPLETE	2

ADDITIONAL INFORMATION

OPC	FASTING: N	DOB	
PATIENT NAME	SEX	AGE(YR/MOS)	
INMAN, JOHN	M	45 / 9	
PT. ADD :			
DATE OF SPECIMEN	TIME	DATE RECEIVED	DATE REPORTED
6/07/2004	8:36	6/07/2004	6/08/2004
			TIME
			12:09
			4151

CLINICAL INFORMATION

CD- 95202804976

PHYSICIAN ID.	PATIENT ID.
ROBBINS M	234821
ACCOUNT: KILBY CORRECTIONAL FACILITY	
PRISON HEALTH SERVICES	
12201 Wares Ferry Road	
Mt Meigs	
AL 36507-0000	
ACCOUNT NUMBER: 01306900	

TEST	RESULT	LIMITS	LAB
------	--------	--------	-----

The CHD Risk is based on the T. Chol/HDL ratio. Other factors affect CHD Risk such as hypertension, smoking, diabetes, severe obesity, and family history of pre-mature CHD.

LAB: MB LabCorp Birmingham

1801 First Avenue South, Birmingham, AL 35233-0000

DIRECTOR: Arthur Kelly G MD

Laboratory Corporation of America

SPECIMEN 146-205-5041-0	TYPE S	PRIMARY LAB MB	REPORT STATUS — COMPLETE	Page #: 1
ADDITIONAL INFORMATION				
NPY-23		FASTING: N DOB: [REDACTED]		
PATIENT NAME INMAN, JOHN		SEX M	AGE(YR./MOS.) 45 / 9	
PT. ADD.:				
DATE OF SPECIMEN 5/25/2004	TIME 6:07	DATE RECEIVED 5/25/2004	DATE REPORTED 5/26/2004	TIME 7:25
				3755

CLINICAL INFORMATION	
CD- 95202804598	
PHYSICIAN ID. ROBBINS M	PATIENT ID. 234821
ACCOUNT: KILBY CORRECTIONAL FACILITY PRISON HEALTH SERVICES 12201 WARES FERRY ROAD MI MEIGS AL 36507-0000	
ACCOUNT NUMBER: 01306900	

TEST	RESULT		LIMITS	LAB
CBC With Differential/Platelet				
White Blood Cell (WBC) Count	8.9	x10E3/uL	4.0 - 10.5	MB
Red Blood Cell (RBC) Count	5.05	x10E6/uL	4.10 - 5.60	MB
Hemoglobin	16.2	g/dL	12.5 - 17.0	MB
Hematocrit	48.0	%	36.0 - 50.0	MB
MCV	95	fL	80 - 98	MB
MCH	32.2	pg	27.0 - 34.0	MB
MCHC	33.8	g/dL	32.0 - 36.0	MB
RDW	14.0	%	11.7 - 15.0	MB
> Platelets	115 L	x10E3/uL	140 - 415	MB
> Polys	34 L	%	40 - 74	MB
> Lymphs	49 H	%	14 - 46	MB
> Monocytes	14 H	%	4 - 13	MB
Eos	3	%	0 - 7	MB
Basos	0	%	0 - 3	MB
Polys (Absolute)	3.0	x10E3/uL	1.8 - 7.8	MB
Lymphs (Absolute)	4.4	x10E3/uL	0.7 - 4.5	MB
> Monocytes (Absolute)	1.2H	x10E3/uL	0.1 - 1.0	MB
Eos (Absolute Value)	0.3	x10E3/uL	0.0 - 0.4	MB
Baso (Absolute)	0.0	x10E3/uL	0.0 - 0.2	MB

LAB: MB-LabCorp Birmingham

DIRECTOR: Arthur Kelly G MD

1801 First Avenue South, Birmingham, AL 35233-0000

KILBY CORRECTION
PO BOX 11
MT. MEIGS, AL 36057

PATIENT NAME

Woman, John

PRISON ID

234821

DATE SUBMITTED

5-25-04

NPY 23

TEST NAME	RESULT	REFERENCE RANGE	COMMENTS
HIV ANTIBODY	NR	NEGATIVE (NEG)	
RPR	NR	NON-REACTIVE (NR)	
URINALYSIS	NEG		
APPEARANCE			
pH		pH 5- pH 6	
PROTEIN		NEGATIVE (NEG)	
GLUCOSE		NEGATIVE (NEG)	
KETONES		NEGATIVE (NEG)	
BILIRUBIN		NEGATIVE (NEG)	
BLOOD		< 5 RBC/MCL	
NITRITE		NEGATIVE (NEG)	
UROBILINOGEN		< 1.0 MG/DL	
LEUK. ESTERASE		NEGATIVE (NEG)	
SPECIFIC GRAVITY		1.016-1.022	

- "A" These results are unreliable due to the age of the specimen.
- "H" These results are unreliable due to the hemolyzed condition of the specimen.
- "A+H" These results are unreliable due to the age and hemolyzed condition of the specimen.



INMAN, JOHN
ID: 234821

05/18/2005 16:40:22

SINUS RHYTHM
WITHIN NORMAL LIMITS

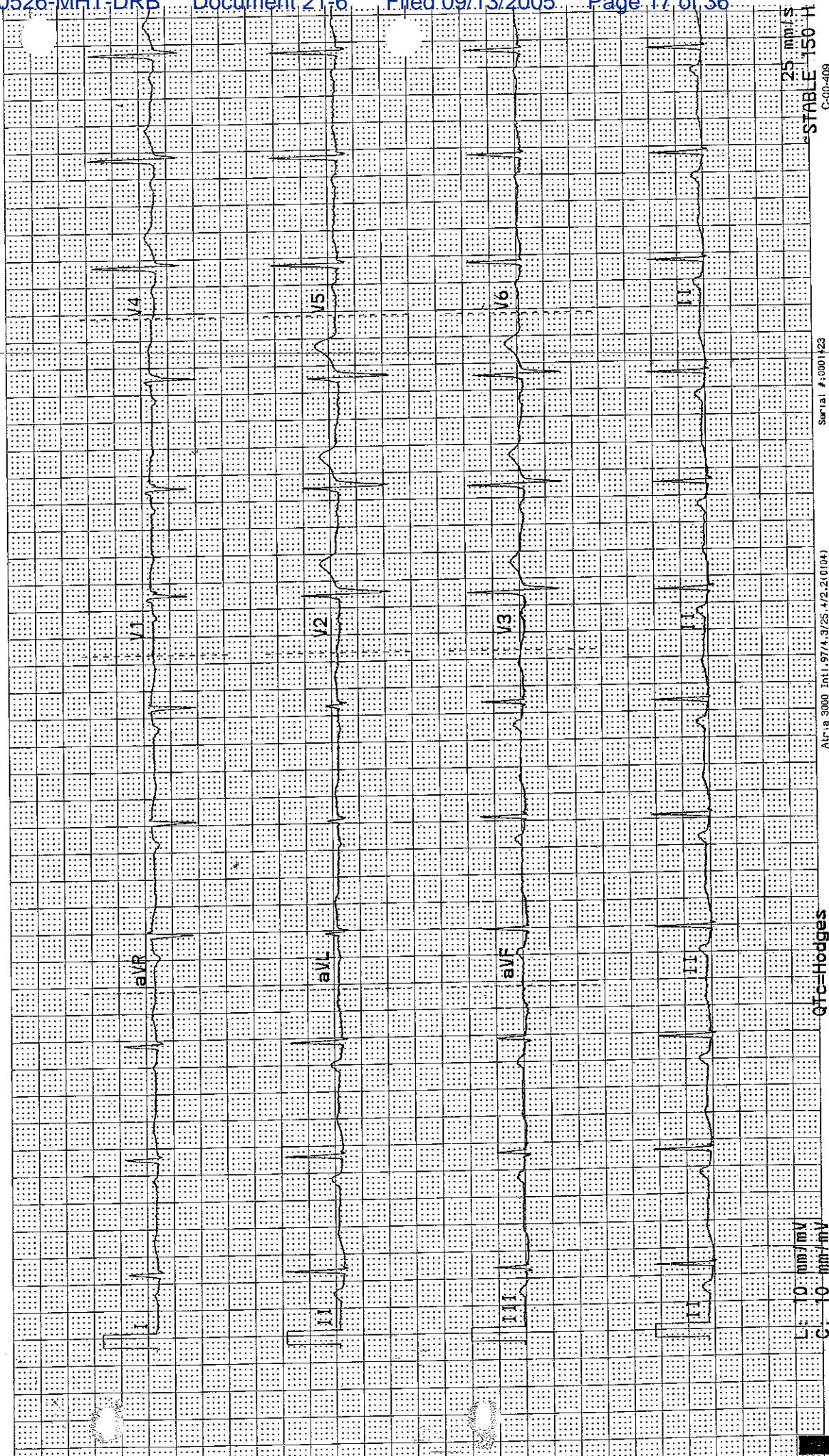
D.O.B.: 46 YEARS
MALE CAUCASIAN
Dr: WILLIAMS
Tech: DM

Vent. Rate: 72 bpm
RR Interval: 824 ms
PR Interval: 182 ms
QRS Duration: 84 ms
QT Interval: 370 ms
QTc Interval: 391 ms
QT Dispersion: 78 ms
P-R-T AXIS: 72° 59° 31°

Summary: NORMAL ECG

* Unconfirmed Analysis *

Comment: PHYSICAL



10 mm/mV
10 mm/mV

QTC=Hodges

Atrial 3000 Int: 97/4.3/25.4/2.0/04

Serial #: 000123

25 mm/s
STABLE 150 H
C-00-409

HEALTHCARE CORRECTIONS
 RADIOLOGY SERVICES REQUEST AND REPORT

State ID 239821
 DOB [REDACTED]
 Race: _____ Sex: M

INSTITUTION: Frank Lee

NOTE: PERTINENT CLINICAL INFORMATION AND TENTATIVE DIAGNOSIS MUST BE PROVIDED FOR X-RAY EXAMINATION TO BE PERFORMED

Requesting Physician/PA/NP <u>[Signature]</u>	Date of request <u>1-10-05</u>	Time of request	Routine	Priority	Transportation or special needs
--	-----------------------------------	-----------------	---------	----------	---------------------------------

HISTORY/DIAGNOSIS:

C-7 - C/6 pain back - low neck area

X-RAY REQUEST

<input type="checkbox"/> ABDOMEN/KUB	<input type="checkbox"/> FINGERS	<input type="checkbox"/> MAMMOGRAPHY	<input type="checkbox"/> SOFT TISSUE STUDIES
<input type="checkbox"/> ACROMIO-CLAVICULAR JOINTS (W/WO WEIGHT)	<input type="checkbox"/> FOOT	<input type="checkbox"/> ORBITS	<input type="checkbox"/> STERNUM
<input type="checkbox"/> ANGLE	<input type="checkbox"/> HAND	<input type="checkbox"/> OF CALVARIA (PUEL.)	<input type="checkbox"/> TEMPORO-MANDIBULAR JOINTS
<input checked="" type="checkbox"/> CERVICAL SPINE	<input type="checkbox"/> HIP	<input type="checkbox"/> PELVIS	<input type="checkbox"/> THORACIC SPINE
<input type="checkbox"/> CHEST PA / LATERAL	<input type="checkbox"/> HUMERUS	<input type="checkbox"/> RADIOCARPUS	<input type="checkbox"/> TIBIA/FIBULA
<input type="checkbox"/> CLAVICLE	<input type="checkbox"/> KNEE	<input type="checkbox"/> RIBS	<input type="checkbox"/> TOE
<input type="checkbox"/> CONE DOWN SELLA TURCICA	<input type="checkbox"/> LUMBAR SPINE	<input type="checkbox"/> SACRO-ILIAC JOINTS	<input type="checkbox"/> WRIST
<input type="checkbox"/> ELBOW	<input type="checkbox"/> MANDIBLE	<input type="checkbox"/> SCAPULA	<input type="checkbox"/> ZYGOMA
<input type="checkbox"/> FACIAL BONES	<input type="checkbox"/> MAXILLA	<input type="checkbox"/> SHOULDER	<input type="checkbox"/> ZYGOMATIC ARCH
<input type="checkbox"/> FEMUR	<input type="checkbox"/> NASAL BONES	<input type="checkbox"/> SKULL	

REPORT

Inman

CERVICAL SPINE: A lateral cervical spine view shows hypertrophic spurring mainly from the body of C7. C7 is quite well demonstrated on this film. It is noted that the spinous process of T1 is separated. This may represent a developmental variation or it may be due to a previous fracture involving its spinous process. There are no other significant findings.

D: & T: 01-11-05 Howard P. Schiele, M.D./Jhl Board Certified Radiologist (Signature on file)

1/12/05

J. Kerbetz R.T.
 X-RAY TECHNOLOGIST'S NAME (PRINT)

X-RAY TECHNOLOGIST'S SIGNATURE

1-10-05
 DATE, TIME EXAM PERFORMED

RADIOLOGIST'S NAME (PRINT)

RADIOLOGIST'S SIGNATURE

DATE SIGNED

HGX

HEALTHCARE CORRECTIONS

RADIOLOGY SERVICES REQUEST AND REPORT

Name: INMAN, JOHN
 State ID No.: 234821 New
 DOB: [REDACTED]
 Race: W Sex: M

INSTITUTION: DRAPER

NOTE: PERTINENT CLINICAL INFORMATION AND TENTATIVE DIAGNOSIS MUST BE PROVIDED FOR X-RAY EXAMINATION TO BE PERFORMED

Requesting Physician/PA/NP <u>LASSITER, L.</u>	Date of request <u>11/05/04</u>	Time of request	Routine	Priority	Transportation or special needs
HISTORY/DIAGNOSIS: <u>PAIN T-3-T-4 area</u> <u>MVA</u>					

X-RAY REQUEST					
ABDOMEN/KUB	FINGERS	NAVICULAR VIEW	SOFT TISSUE STUDIES		
ACROMIO-CLAVICULAR JOINTS (W/O WEIGHT)	FOOT	ORBITS	STERNUM		
ANKLE	HAND	OS CALCEI (HEEL)	TEMPORO-MANDIBULAR JOINTS		
<input checked="" type="checkbox"/> CERVICAL SPINE <u>enr</u>	HIP	PELVIS	<input checked="" type="checkbox"/> THORACIC SPINE		
CHEST PA / LATERAL	HUMERUS	RADIUS/ULNA	TIBIA/FIBULA		
COCCYX	KNEE	RIBS	TOES		
CONE DOWN SELLA TURCICA	LUMBAR SPINE	SACRO-ILLIAC JOINTS	WRIST		
ELBOW	MANDIBLE	SCAPULA	ZYGOOMA		
FACIAL BONES	MAXILLA	SHOULDER	ZYGOMATIC ARCH		
FEMUR	NAZAL BONES	SKULL			

Inman

REPORT

THORACIC SPINE: The vertebrae are well aligned and show no evidence of any fracture or any destructive bone disease.
 IMPRESSION: NORMAL STUDY.

D & T: 11-09-04 Maurice H. Rowell/rr Board Certified Radiologist (Signature on File)

11/9/04
[Signature]

J. Kerbetz R.T.
 X-RAY TECHNOLOGIST'S NAME (PRINT)

[Signature]
 X-RAY TECHNOLOGIST'S SIGNATURE

11-8-04
 DATE, TIME EXAM PERFORMED

RADIOLOGIST'S SIGNATURE

DATE SIGNED

HGX

HEALTHCARE CORRECTIONS

RADIOLOGY SERVICES REQUEST AND REPORT

* RESULTS TO L. LASSITER

Name: INMAN, JOHN

State ID No: 234821

DOB: [REDACTED]

Race: W

Sex: M

INSTITUTION: Deapier

NOTE: PERTINENT CLINICAL INFORMATION AND TENTATIVE DIAGNOSIS MUST BE PROVIDED FOR X-RAY EXAMINATION TO BE PERFORMED

Requesting Physician/PA/NP	Date of request	Time of request	Routine	Priority	Transportation or special needs
<u>L. LASSITER, CRNP</u>	<u>11/15/04</u>	<u>3:00 pm</u>			
HISTORY/DIAGNOSIS: <u>R/O ABN</u>					

X-RAY REQUEST				
<input type="checkbox"/> ABDOMEN/KUB	<input type="checkbox"/> FINGERX	<input type="checkbox"/> NAVICULAR VIEW	SOFT TISSUE STUDIES	
<input type="checkbox"/> ACROMIO-CLAVICULAR JOINTS (W/O WEIGHT)	<input type="checkbox"/> FOOT	<input type="checkbox"/> ORBITS	STERNUM	
<input type="checkbox"/> ANKLE	<input type="checkbox"/> HAND	<input type="checkbox"/> OS CALCEI (HEEL)	TEMPORO-MANDIBULAR JOINTS	
<input checked="" type="checkbox"/> CERVICAL SPINE	<input type="checkbox"/> HIP	<input type="checkbox"/> PELVIS	THORACIC SPINE	
<input type="checkbox"/> CHEST PA / LATERAL	<input type="checkbox"/> HUMERUS	<input type="checkbox"/> RADIUS/ULNA	TIBIA/FIBULA	
<input type="checkbox"/> COCCYX	<input type="checkbox"/> KNEE	<input type="checkbox"/> RIBS	TOES	
<input type="checkbox"/> CONE DOWN SELLA TURCICA	<input type="checkbox"/> LUMBAR SPINE	<input type="checkbox"/> SACRO-ILIAC JOINTS	WRIST	
<input type="checkbox"/> ELBOW	<input type="checkbox"/> MANDIBLE	<input type="checkbox"/> SCAPULA	ZYGOMA	
<input type="checkbox"/> FACIAL BONES	<input type="checkbox"/> MAXILLA	<input type="checkbox"/> SHOULDER	ZYGOMATIC ARCH	
<input type="checkbox"/> FEMUR	<input type="checkbox"/> NASAL BONES	<input type="checkbox"/> SKULL		

REPORT

Inman

CERVICAL SPINE: Satisfactory alignment is noted. There appears to be mild anterior wedging at C7. Vertebral body heights are otherwise maintained. The disc spaces are preserved.

IMPRESSION: MILD ANTERIOR WEDGING, C7.

D & T: 11-17-04 Thomas J. Payne, III, M.D./r Board Certified Radiologist (Signature on file)

JP
11-17-04

KH, pt

RAY TECHNOLOGIST'S NAME (PRINT)

X-RAY TECHNOLOGIST'S SIGNATURE

DATE, TIME EXAM PERFORMED

RADIOLOGIST'S NAME (PRINT)

RADIOLOGIST'S SIGNATURE

DATE SIGNED

HGX

HEALTHCARE CORRECTIONS

RADIOLOGY SERVICES REQUEST AND REPORT

INSTITUTION: Drapes

Name: Inman, John

State ID No: 234821

DOB: [REDACTED]

Race: W

Sex: M

NOTE: PERTINENT CLINICAL INFORMATION AND TENTATIVE DIAGNOSIS MUST BE PROVIDED FOR X-RAY EXAMINATION TO BE PERFORMED

Requesting Physician/PA/NP <u>Williams</u>	Date of request <u>11/12/04</u>	Time of request	Routine	Priority	Transportation or special needs
HISTORY/DIAGNOSIS: <u>"Fracture (L) index finger"</u>					

X-RAY REQUEST			
ABDOMEN/KUB	FINGERS	NAVICULAR VIEW	SOFT TISSUE STUDIES
ACROMIO-CLAVICULAR JOINTS (W/WO WEIGHT)	FOOT	ORBITS	STERNUM
ANKLE	HAND <u>(L) index finger</u>	OS CALCEI (HEEL)	TEMPORO-MANDIBULAR JOINTS
CERVICAL SPINE	HIP	PELVIS	THORACIC SPINE
CHEST PA / LATERAL	HUMERUS	RADIUS/ULNA	TIBIA/FIBULA
COCCYX	KNEE	RIBS	TOES
CONE DOWN SELLA TURCICA	LUMBAR SPINE	SACRO-ILIAC JOINTS	WRIST
ELBOW	MANDIBLE	SCAPULA	ZYGOMA
FACIAL BONES	MAXILLA	SHOULDER	ZYGOMATIC ARCH
FEMUR	NASAL BONES	SKULL	

REPORT
<p>Inman</p> <p>LEFT INDEX FINGER: There is a comminuted fracture of the distal phalanx without significant displacement of fracture fragments.</p> <p>IMPRESSION: FRACTURED DISTAL PHALANX, LEFT INDEX FINGER.</p> <p>D & T: 11-16-04 Thomas J. Payne, III, M.D./rr Board Certified Radiologist (Signature on file)</p>

J. Kerbetz Rt.
 X-RAY TECHNOLOGIST'S NAME (PRINT)

J. Kerbetz
 X-RAY TECHNOLOGIST'S SIGNATURE

11-15-04
 DATE, TIME EXAM PERFORMED

RADIOLOGIST'S NAME (PRINT)

RADIOLOGIST'S SIGNATURE

DATE SIGNED

Jun 22 04 01:22p

p. 4

Radiology Services Report

NAME: INMON, JOHN
FACILITY: DRAPER
D.O.B.: [REDACTED]
ID NUMBER: 234821

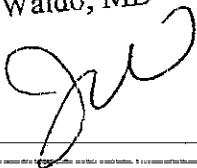
SINGLE VIEW CHEST 06/21/04

FINDINGS: Hyperinflation and hypertranslucency are consistent with COPD or bronchospasm and the lungs are otherwise clear.

The heart is not enlarged and the pulmonary vascularity is normal.

OPINION: Likely COPD with chest otherwise normal. There is apparent scarring in the medial aspect of the right lower lobe. A follow-up chest xray in 3- 6 months is recommended to confirm stability.

John Waldo, MD



Handwritten note:
No chest
perfusion
6-25-04
JH

Jun 01 04 01:44p

p. 16


Radiology Services Report

NAME: INMAN, JOHN
FACILITY: KILBY
D.O.B.:
ID NUMBER: 234821

LUMBAR SPINE, TWO VIEWS: 5-28-04

There is an apparent superior endplate compression deformity of L2. DDD of L5-S1 is noted. The pedicles appear to be intact. Transverse processes are normal.

IMPRESSION: SUPERIOR ENDPLATE COMPRESSION DEFORMITY OF L1
PRESUMABLY ACUTE GIVEN THE PATIENT'S HISTORY.


John Waldo, MD

DENTAL RECORD

A dental chart showing a complete set of teeth. The chart is labeled "RIGHT" on the left and "LEFT" on the right. The teeth are numbered 1 through 16 on the right side and 31 through 21 on the left side. The central tooth (tooth 9) is highlighted in black.

525 of

Gingivitis
Vincent's Infection
Stomatitis
Other Findings

Roentgenograms

Periapical
Bitewing
"Other"

YES NO

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rheumatic Fever
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Allergy (Novocaine, penicillin, etc.)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Present Medication
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Epilepsy
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asthma
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Diabetes
<input type="checkbox"/>	<input checked="" type="checkbox"/>	HIV

YES	NO	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	V.D.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hepatitis
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Anemia or Bleeding Problems
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Heart Disease
<input type="checkbox"/>	<input checked="" type="checkbox"/>	High Blood Pressure
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Kidney Disease
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other Disease

[illegible]

IRMAN JOHN

234821



N

has

DENTAL RECORD TREATMENT

[illegible]

PATIENT LAST NAME	FIRST	MIDDLE	DOB	R/S	ID NO.



Dental

PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: John Iman Date of Request: 7-7-05
 ID # 234821 Date of Birth: [REDACTED] Location: FLX 1-70
 Nature of problem or request: Nurse Gant you know how long I've been waiting to get my tooth fixed. I've given him to pay for it. Now the tooth has broke off all gum, it can no longer be fixed so I don't need your appointment, take me off your list and give me back my money, hope to see you in court
John Iman
 Signature

DO NOT WRITE BELOW THIS LINE

Date: / /
 Time: AM PM
 Allergies:

RECEIVED	
Date: <u>7/8/05</u>	<u>PM</u>
Time: <u>2030</u>	
Receiving Nurse Initials	

(S)ubjective:

Take off list

(O)bjective

(V/S): T:

P:

R:

BP:

WT:

Dental screening

(A)ssessment:

Request reviewed

(P)lan:

We never took any money off your acc. if you did not come in and sign consent.
Thank you

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

Anne Mark DA
 SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Emergency Dental

Print Name: John Inman Date of Request: 5-31-05
ID # 234821 Date of Birth: [REDACTED] Location: FLVC 1-70
Nature of problem or request: Broke tooth and is cutting up inside of mouth, very Painful

John Inman
Signature

DO NOT WRITE BELOW THIS LINE

Date: / /
Time: AM PM
Allergies:

RECEIVED	
Date: <u>6-3-05</u>	
Time: <u>6:30</u>	
Receiving Nurse Initials <u>DA</u>	

(S)ubjective: Felling
(O)bjective Dental screening
Request reviewed
(A)ssessment:

(P)lan: Appt made

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

Anne Harrison
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: John Iman Date of Request: 5-30-05
 ID # 234821 Date of Birth: [REDACTED] Location: 1-70 FLX
 Nature of problem or request: I've requested twice to be seen, the tooth in question has broke in half completely now and it is cutting up the inside of my mouth. I need to get on in there, I'm bleeding and this thing is hurting
John Iman
 Signature

DO NOT WRITE BELOW THIS LINE

Date: / /
 Time: AM PM
 Allergies:

RECEIVED	
Date: <u>6/2/06</u>	<u>bj</u>
Time: <u>8:25pm</u>	
Receiving Nurse Initials	

(S)ubjective:

(O)bjective (V/S): T: P: R: BP: WT:

(A)ssessment:

(P)lan:

Duplicate

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

Anne Gault SA
 SIGNATURE AND TITLE

WHITE: - INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: John Iman Date of Request: 5-15-05
 ID # 234821 Date of Birth: [REDACTED] Location: 1-70
 Nature of problem or request: Dental, am afraid if you don't
get me in there soon it won't be enough of this
front tooth left to fix. Plus Cant there is two
teeth that are in bad shape and need help soon.
John Iman
 Signature

DO NOT WRITE BELOW THIS LINE

Date: / /
 Time: AM PM
 Allergies:

<p>RECEIVED</p> <p>Date: <u>5/16/05</u></p> <p>Time: <u>4:45P</u></p> <p>Receiving Nurse Initials <u>AKJ</u></p>
--

(S)ubjective: Dulling

(O)bjective (V/S): T: Dental screening P: R: BP: WT:

(A)ssessment: Request reviewed

(P)lan: We will schedule you as soon as
we can start you

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

Anne Harrison
 SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

**PATIENT CONSENT AND AUTHORIZATION FOR DENTAL TREATMENT**

Patient Name: Inman, John BCDC#: 234821

1. I agree to having dental X-Rays taken of my teeth and jaws in order to determine my dental problems.
2. I have had a treatment plan explained to me, including alternatives or the recommendation of no treatment.
3. I consent to the use of local anesthetics or other medications and that there may be side effects, including allergic reactions and this has been explained to me.
4. I have had the opportunity to ask questions which have been answered to my satisfaction.
5. I understand there is no guarantee of success or permanence of the treatment.

John Inman

Patient's Signature

10-15-04

Date

[Signature]

Dentist's Signature

10-15-04

Date



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: John Inman Date of Request: 4-2-05
 ID # 2348 234821 Date of Birth: [REDACTED] Location: 1-70
 Nature of problem or request: You all filled one of my upper
front Teeth 5 or 6 months ago and that filling
broke off tonight and its causing pain. I
need to get back to see dentist.
John Inman
 Signature

DO NOT WRITE BELOW THIS LINE

Date: / /
 Time: AM PM
 Allergies:

RECEIVED	
Date:	<u>4/3/05</u>
Time:	<u>10:00 AM</u>
Receiving Nurse Initials	<u>/P</u>

Dental

(S)ubjective: Filling put in 5 or 6 months ago fell out

(O)bjective (V/S): T: P: R: BP: WT:

Dental screening

(A)ssessment: Request reviewed

(P)lan: We will get you in as soon as we can

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

Anne Lentz PA
 SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: John Iman Date of Request: 10-10-04
 ID # 234821 Date of Birth: [REDACTED] Location: S-48
 Nature of problem or request: My teeth are hurting due to
two fillings coming out. I've been waiting
for over a month to see dentist. This is
my FIFTH request I have filled out
John Iman
 Signature

DO NOT WRITE BELOW THIS LINE

Date: / /
 Time: AM PM
 Allergies:

RECEIVED	
Date: <u>10.10.04</u>	<u>bm dental</u>
Time: <u>2030</u>	
Receiving Nurse Initials <u> </u>	

(S)ubjective: Dental screening

(O)bjective (V/S): T: P: R: BP: WT:
Pain because 2 fillings fell out

(A)ssessment: Request reviewed

(P)lan: Already has apt

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

Anne Lantz RN
 SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: John Inman Date of Request: 10-06-04
 ID # 254821 Date of Birth: [REDACTED] Location: C-5-Bed 48
 Nature of problem or request: I've got two fillings that have come out, and they are starting to bother me. I need them fixed. This is the fourth sick slip I've filled out.

John Inman
Signature

DO NOT WRITE BELOW THIS LINE

Date: / /
 Time: AM PM
 Allergies:

RECEIVED	
Date: <u>10/6/04</u>	
Time: <u>10:00 pm</u>	
Receiving Nurse Initials <u>JB</u>	

see Dentist

(S)ubjective: Dental screening

(O)bjective (V/S): T: P: R: BP: WT:
Fillings came out of 2 teeth starting to bother him wants filled

(A)ssessment: Request reviewed

(P)lan: And I get 20 request a day - we only have a Dentist 1 1/2 days a week - Do the math okay. We will get you in as soon as we can. Thank you

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

CIRCLE ONE
 Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

No need for any more request.

Anne Hartman
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: John Inman Date of Request: 10-3-04
 ID # 234821 Date of Birth: [REDACTED] Location: S-48
 Nature of problem or request: I've ~~not~~ have got two fillings that
has come off out. My teeth are beginning to hurt this
is the third time I've filled out slip to see Dentist
PLEASE get me in there
John Inman
 Signature

DO NOT WRITE BELOW THIS LINE

Date: / /
 Time: AM PM
 Allergies:

RECEIVED	
Date:	<u>10/3/04</u>
Time:	<u>7:20 pm</u>
Receiving Nurse Initials	<u>PL</u>

*see
Dental*

(S)ubjective: Dental screening

(O)bjective (V/S): T: P: R: BP: WT:
Two fillings have come out teeth starting
to hurt

(A)ssessment: Request reviewed

(P)lan: We will get you in as soon as we can
Thank you

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

Anne Hart OA
 SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: John Inman Date of Request: 09-29-04
 ID # 234821 Date of Birth: [REDACTED] Location: S-48
 Nature of problem or request: These is the second Request to See Dentist about Two fillings that as came out, I would like for them to be fixed.

John Inman
Signature

DO NOT WRITE BELOW THIS LINE

Date: / /
 Time: AM PM
 Allergies:

RECEIVED	
Date: <u>9.29.04</u>	<u>Sm</u> Dental
Time: <u>2000</u>	
Receiving Nurse Intials <u>Sm</u>	

(S)ubjective: Dental screening

(O)bjective (V/S): T: P: R: BP: WT:

Fillings

(A)ssessment: Request reviewed

(P)lan: We only have a dentist 1 1/2 days a week and over 4,000 inmates. So we do what we can when we can. We will get you in when we can. Thanks.

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN again
 CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

Annex Gantt RN
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

QCC

Print Name: John Inman Date of Request: 9-13-04
 ID # 234821 Date of Birth: [REDACTED] Location: 5 Down Bed 48
 Nature of problem or request: I've had Two fillings to fall out
in my mouth its not painful at present time but
I would like to have them looked at and
Maybe Replaced
Thank you
John Inman
 Signature

DO NOT WRITE BELOW THIS LINE

Date: / /
 Time: AM PM
 Allergies:

RECEIVED Date: <u>9-13-04</u> Time: <u>9:50p</u> Receiving Nurse Initials: <u> </u>
--

(S)ubjective: Dental screening

(O)bjective (V/S): T: P: R: BP: WT:

Fillings came out no pain

(A)ssessment: Request reviewed Out guide

(P)lan: Will get in soon as possible

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

Corey Harts DA

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT